



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application of

Melanie Chopart et al.

Application No.: 10/766,016

Filing Date: January 29, 2004

Title: RECONSTRUCTED EPIDERMIS/SKIN
EQUIVALENT COMPRISING A
CERAMIDE 7 AND /OR 5.5 AND LIPID
LAMELLAR VESICULAR
COMPOSITIONS COMPRISING
CERAMIDE 7 AND/OR 5.5
COMPOUNDS

Group Art Unit: 1651

Examiner: HERBERT J. LILLING

Confirmation No.: 2670

Certificate of Mailing

I hereby certify that this correspondence is being
deposited with the United State Postal Service as First
Class Mail on August 18, 2006, in an envelope
addressed to the Commissioner for Patents, P.O. Box
1450, Alexandria, VA 22313-1450.

By: _____

Kim A. Cabello
Kim A. Cabello

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☒ A Petition for Extension of Time is enclosed.
- ☐ _____ Terminal Disclaimer(s) and the ☐ \$ 65 ☐ \$ 130 fee per Disclaimer due
under 37 C.F.R. § 1.20(d) are enclosed.
- ☒ Also enclosed is/are: Return receipt postcard
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose
the ☐ \$ 395 ☐ \$ 790 fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) requests that any previously unentered after final amendments not be
entered. Continued examination is requested based on the enclosed documents
identified above.
- ☐ Applicant(s) previously submitted _____ on _____ for which
continued examination is requested.
- ☐ Applicant(s) requests suspension of action by the Office until at least
_____, which does not exceed three months from the filing of this RCE,
in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i)
is enclosed.

- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	47	47	0	x \$ 50 (1202)	\$ 0
Independent Claims	6	6	0	x \$ 200 (1201)	0
<input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 360 (1203)					\$ 0
Total Claim Amendment Fee					\$ 0
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					0
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 0

- ☐ Charge _____ to Deposit Account No. 02-4800 for the fee due.
- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☒ Charge \$ 120.00 (petition fee for one-month extension of time) to credit card for the fee due. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date August 18, 2006

By: 

Joseph R. Baker
Registration No. 40,900

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